

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 246225

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5938</u>		Registrar's No. <u>124</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arlington Sup 66 yr</u>		c. LENGTH OF STAY (in this place) <u>66 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arlington (Rural)</u>		d. STREET ADDRESS (If rural, give location) <u>0810</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>IYV</u>		b. (Middle) <u>BELL</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>3</u> (Year) <u>1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 15-1889</u>	
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>8</u>		11. DAYS <u>18</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pella Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Stuban Plake</u>		13b. MOTHER'S MAIDEN NAME <u>Clarrnetina Gissler</u>		14. NAME OF HUSBAND OR WIFE <u>Albert E Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert E. Smith</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undifferentiated Thyroid Carcinoma</u> which metastasized to lungs + stomach DUE TO (b) <u>Acute pulmonary edema</u> DUE TO (c) <u>and suffocation due to</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>48 hours</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of lungs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>April 16, 1956</u> , to <u>July 3, 1956</u> , that I last saw the deceased alive on <u>July 2, 1956</u> , and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Richard E. Myers M.D.</u>		23b. ADDRESS <u>Newburg, Mo.</u>		23c. DATE SIGNED <u>July 5, 1956</u>		23d. (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 6, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Goodall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Arlington Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 9, 1956</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoeck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leo Johnson</u>		ADDRESS <u>Newburg Mo</u>	

(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-60

RECEIVED

Phelps County Health Officer,

County File Number 5478

Date Filed Aug 27 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*L. Johnson*

Licensed Embalmer No.

*3392*

P. O. Address

*Neobary Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.